

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
05 APR 28 PM 2:42

Full Name of Committee Kevin L. Boyce for Columbus City Council Committee						Registration Number, if PAC BOARD OF ELECTIONS	
Full Name of Candidate Kevin L. Boyce							
Street Address 250 West Street				Office Sought City Council		District	
City Columbus				State OH		Zip Code 43215	
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
Amended Report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		0 ^M 5 0 ^D 3 0 ^Y 5	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box ☐ No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$40,689.38	
2. Total monetary contributions (From Form No. 31-A)	\$	\$2,600.00	✓
3. Total other income (From Form No. 31-A-2)	\$	\$0.00	
4. Total funds available (sum of lines 1, 2, 3)	\$	\$43,289.38	
5. Total monetary expenditures (From Form No. 31-B)	\$	\$36,818.42	✓
6. Balance on hand (line 4 minus line 5)	\$	\$6,470.96	
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$189.67	✓
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$0.00	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00	
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$		

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Aaron L. Granger

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Aaron L. Granger

04/28/2005

Date

Contribution
pages 3

Expenditure
pages 2

Other
pages 1

Total
pages 6

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Kevin L. Boyce For Columbus City Council Committee				
Full Name of Contributor Calfee, Halter/Green Fund for Good Gocernment			Registration Number, if PAC FEC #C00351635	
Street Address 800 Superior Ave., Suite 1400	Employer/Occupation/Labor Organization*		M 0	D 4
City Cleveland	State OH	Zip Code 44114	Y 2	Amount \$150.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Thomas C. Green			Registration Number, if PAC	
Street Address 21 East State Street	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$150.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Michael C. Mercurio			Registration Number, if PAC	
Street Address 432 Fairlawn Drive	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43214	Y 2	Amount \$100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)				

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$400.00** ✓

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Kevin L. Boyce For Columbus City Council Committee				
Full Name of Contributor Elizabeth M. Stanton			Registration Number, if PAC	
Street Address 1937 Beverly Road	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43221	Y 2	Amount \$50.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Bobby Singh			Registration Number, if PAC	
Street Address 7042 Cunningham Drive	Employer/Occupation/Labor Organization*		M 0	D 4
City New Albany	State OH	Zip Code 43054	Y 2	Amount \$50.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Connor Behal LLP			Registration Number, if PAC	
Street Address 501 South High Street	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)				

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$200.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Kevin L. Boyce For Columbus City Council Committee					
Full Name of Contributor Michael J. DeAscentis II				Registration Number, if PAC	
Street Address P.O. Box 563	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City New Albany	State OH	Zip Code 43054	5	0	5
Form (Cash, Check, etc.) check			Amount \$500.00		
Full Name of Contributor Robert E. Yoakam, Jr.				Registration Number, if PAC	
Street Address 6345 Taggart Road	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Delaware	State OH	Zip Code 43015	5	0	5
Form (Cash, Check, etc.) check			Amount \$500.00		
Full Name of Contributor Timothy R. Foley				Registration Number, if PAC	
Street Address 635 Brookedge Blvd.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Westerville	State OH	Zip Code 43081	5	0	5
Form (Cash, Check, etc.) check			Amount \$500.00		
Full Name of Contributor Silber Drive Partners				Registration Number, if PAC	
Street Address 150 East Broad Street	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Columbus	State OH	Zip Code 43215	5	0	5
Form (Cash, Check, etc.) check			Amount \$500.00		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code			
Form (Cash, Check, etc.)			Amount		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code			
Form (Cash, Check, etc.)			Amount		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code			
Form (Cash, Check, etc.)			Amount		

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$2,000.00**

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Kevin L. Boyce for Columbus City Council									
To Whom Paid Cingular Wireless						M	D	Y	Amount
						0	4	1	\$80.00
Address P.O. Box 6416						Purpose Office			
City Carroll Stream						State IL		Zip Code 60197	Check Number 1235
To Whom Paid Steven Hightower						M	D	Y	Amount
						0	4	1	\$1,000.00
Address 258 E. Lane Ave.						Purpose Consulting Fees			
City Columbus						State OH		Zip Code 43201	Check Number 1236
To Whom Paid U.S. Postmaster						M	D	Y	Amount
						0	4	1	\$129.50
Address 850 Twin Rivers Drive						Purpose Postage			
City Columbus						State OH		Zip Code 43215	Check Number 1237
To Whom Paid Ohio Democratic Party						M	D	Y	Amount
						0	4	2	\$9,000.00
Address 271 East State Street						Purpose Mailing			
City Columbus						State OH		Zip Code 43215	Check Number 1238
To Whom Paid Columbus Post						M	D	Y	Amount
						0	4	2	\$767.70
Address 172 East State Street						Purpose Media Ad			
City Columbus						State OH		Zip Code 43215	Check Number 1239
To Whom Paid The Communicator						M	D	Y	Amount
						0	4	2	\$825.00
Address P.O. Box 1232						Purpose Media Ad			
City Worthington						State OH		Zip Code 43085	Check Number 1240
To Whom Paid Call & Post						M	D	Y	Amount
						0	4	2	\$875.22
Address 109 Hamilton Ave.						Purpose Media Ad			
City Westerville						State OH		Zip Code 43081	Check Number 1241
To Whom Paid WBNS TV						M	D	Y	Amount
						0	4	2	\$9,625.25
Address 770 Twin Rivers Drive						Purpose Media Ad			
City Columbus						State OH		Zip Code 43215	Check Number 1242

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
To Whom Paid							M	D	Y	Amount
WCMH TV							0	4	2	\$8,011.25
Address				Purpose						
3165 Olentangy River Road				Media Ad						
City				State	Zip Code		Check Number			
Columbus				OH	43202		1243			
To Whom Paid							M	D	Y	Amount
WSYX TV							0	4	2	\$2,252.50
Address				Purpose						
1261 Dublin Road				Media Ad						
City				State	Zip Code		Check Number			
Columbus				OH	43215		1244			
To Whom Paid							M	D	Y	Amount
WJYD Radio							0	4	2	\$1,479.00
Address				Purpose						
150 West Third Ave.				Media Ad						
City				State	Zip Code		Check Number			
Columbus				OH	43212		1245			
To Whom Paid							M	D	Y	Amount
WV KO Radio							0	4	2	\$1,173.00
Address				Purpose						
4401 Carriage Hill Lane				Media Ad						
City				State	Zip Code		Check Number			
Columbus				OH	43220		1246			
To Whom Paid							M	D	Y	Amount
Franklin County Democratic Party							0	4	2	\$1,600.00
Address				Purpose						
271 East State Street				Contribution						
City				State	Zip Code		Check Number			
Columbus				OH	43215		1247			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Kevin L. Boyce For Columbus City Council Committee			
Full Name of Contributor Chester Willcox and Saxbe LLP		Employer, Occupation, Labor Organization*	
Street Address 65 East State Street, Suite 1000		Description of Item or Service Food and beverages	
City Columbus		State OH	Zip Code 43215
		Registration Number, if PAC	
		Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total **\$189.67**